

# South Dakota Arts Council

711 E. Wells Ave., Pierre, SD 57501  
(605) 773-3301 or 1-800-952-3625  
Website: [www.artsCouncil.sd.gov](http://www.artsCouncil.sd.gov)

## Artist Grant Application

Read pages 25-26 for grant guidelines and follow the steps listed under Application Procedure.

Applicant Name (Please type or print)

TIN or Social Security Number

Address

City/State/Zip

Daytime Phone

Evening or Message Phone

E-mail Address

Website

### Grant Application Codes (see Pages 14-17):

Applicant Status \_\_\_\_\_

Applicant Institution \_\_\_\_\_

Applicant Discipline \_\_\_\_\_

Project Discipline \_\_\_\_\_

Type of Activity \_\_\_\_\_

Arts Education \_\_\_\_\_

Project Descriptors \_\_\_\_\_

Project Race \_\_\_\_\_

Grantee Race \_\_\_\_\_

Project Period:

Grant Amount requested: \_\_\_\_\_

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

South Dakota resident for  
at least two years  
prior to date of application:

\_\_\_\_\_ yes

\_\_\_\_\_ no

Student at date of application:

\_\_\_\_\_ yes

\_\_\_\_\_ no

### Project summary including projected use of grant funds:

AGREEMENT: I certify that the application information is true and complete to the best of my knowledge. It is agreed that the undersigned is authorized to abide by the relevant Terms, Conditions and Guidelines as printed in the SDAC *Guide To Grants*. In addition, the undersigned gives SDAC permission to duplicate submitted documentation for use in the grant review process. Artist certifies that work samples (other than digital art or graphics) submitted as digital images have not been digitally or otherwise altered from the original work.

Applicant Signature

Date

**BUDGET PAGE**

This budget form must be completed and included with the Artist Grant application.

Artist's Name (please print or type) \_\_\_\_\_

Discipline \_\_\_\_\_

**BUDGET**

- A. Fees:** Applicant Artist's Fee \$ \_\_\_\_\_  
 Fees to others (e.g. photographers, assistants, etc.) \$ \_\_\_\_\_  
 (Explain) \_\_\_\_\_

**Total Fees** \_\_\_\_\_ (A)

- B. Materials & Equipment:** (group like items)

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**Total Materials & Equipment** \_\_\_\_\_ (B)

- C. Mileage:** Figure the number of miles to be traveled and multiply by .32 per mile.  
 (Explain) \_\_\_\_\_

**Total Miles** \_\_\_\_\_ x .32 per mile \_\_\_\_\_ (C)

- D. Other Travel:** (costs such as lodging, meals, airfare, etc.)  
 (Explain) \_\_\_\_\_

**Total for Other Travel** \_\_\_\_\_ (D)

- E. Space Rental:** (Explain)

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ (E)

- F. Marketing:** (Explain)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ (F)

- G. Other:** (Explain)

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ (G)

- H. Total All:** (Lines A, B, C, D, E, F and G.) *Total must be at least \$3,000. Budget can be more than \$3,000 if artist is putting other funds into activity.*

\_\_\_\_\_ (H)

## ARTISTIC DOCUMENTATION FORM

**Support Materials:** Artistic documentation of the artist's work is necessary for the panel to evaluate the application. List below the materials you have included in support of your application. For slides or digital images, list the number, title, medium, date of completion, and actual size of the work. Send no more than 10 slides or digital images. Do NOT send original artwork. Identify audio tapes, video tapes, DVDs, and CDs as to type, discipline, title, and date of completion of recorded work. For literary manuscripts, list the title of the work, the genre, year the work was completed, and the publication date (if applicable). **See Artistic Documentation on pages 8-11 for a complete description of individual discipline requirements.**

**Applicant Name:** \_\_\_\_\_ **Discipline:** \_\_\_\_\_

### SLIDES / DIGITAL IMAGES

Number	Title	Size*	Medium	Date of Completion
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

\* Height (top to bottom); Width (left to right); Depth (front to back) [HxWxD]

### AUDIO TAPES, VIDEO TAPES, CDs, DVDs

Title of Recording	Type (audio, video, CD, DVD)	Discipline	Date Recorded
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Number and label each recording with the title you have listed on the application form.

### MANUSCRIPTS

Title of Work	Genre	Date Completed	Date Published (if applicable)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

A mailer with postage for the return of artistic documentation is enclosed.

☐ Yes

☐ No

## ARTIST GRANT CHECKLIST

### HOW TO PACKAGE YOUR APPLICATION FOR SUBMISSION

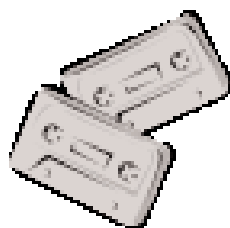
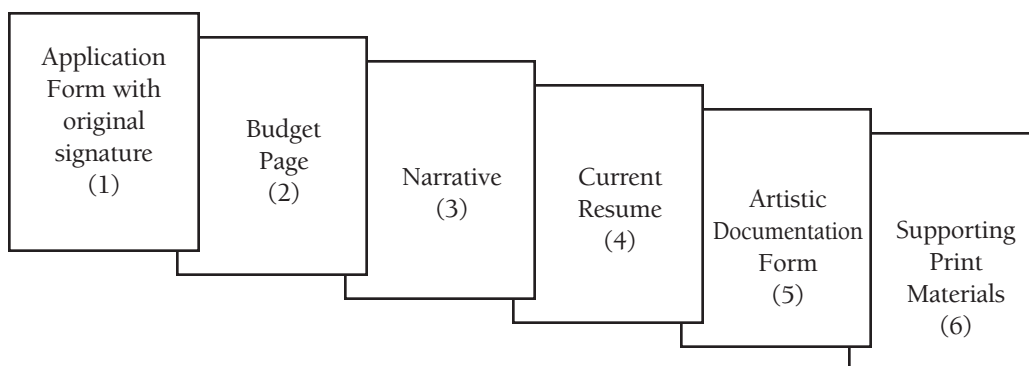
Send one copy of the application form and attachments. Pages must be single-sided, 8 1/2" x 11"; oversized materials and newspaper clippings must be photocopied or laid out to fit this format. Applications must be postmarked or hand-delivered by the deadline. Retain a copy for your records.

Illustrated below is the order in which application, attachments, and supplementary materials must be assembled. **To have documentation returned, you must enclose a self-addressed mailing package with adequate postage.**

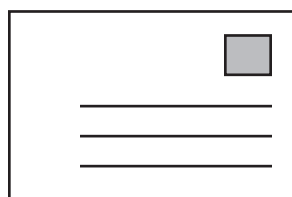
#### Checklist of Materials

- ☐ 1. Application Form Page 1 (page 27)
- ☐ 2. Budget Page (page 29)
- ☐ 3. Narrative
- ☐ 4. Current Resume
- ☐ 5. Artistic Documentation Form (page 31)
- ☐ 6. Supporting Print Materials (i.e. printed reviews, programs, etc.)
- ☐ 7. Actual Artistic Documentation
- ☐ 8. Self-addressed mailer with adequate postage to have documentation returned

#### Order of Assembly for Mailing



Artistic Documentation  
(7)



SAS mailer for  
documentation return  
(8)